PAGE 1/7 STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Hawaii Republican Party 725 Kapiolani Boulevard ADDRESS (number and street) Suite 105 (Check if address is changed) Honolulu 96813-6027 HI CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS kekunag001@hawaii.rr.com (Check if address is changed) Optional Second E-Mail Address kathi.thomason@ims-hawaii.com COMMITTEE'S WEB PAGE ADDRESS (URL) www.gophawaii.com (Check if address is changed) DATE 02 2015 C00085506 FEC IDENTIFICATION NUMBER > 3. X IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Mr. George L Kekuna Type or Print Name of Treasurer Mr. George L Kekuna [Electronically Filed] 05 2015 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Only

Toll Free 800-424-9530 Local 202-694-1100

	FEC Fo	rm 1 (Revised 02/2009)	Page 2
		COMMITTEE Committee:	
(a)		This committee is a principal campaign committee. (Complete the candidate information below.)	
(b)		This committee is an authorized committee, and is NOT a principal campaign committee. (Compleinformation below.)	te the candidate
Nam Cand	e of didate		
	didate / Affiliati	Office Sought: House Senate President	State
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Nam Cand	e of didate		
Par	ty Con	nmittee:	ama aratia
(d)	X	CTA CTA	emocratic, publican, etc.) Party.
Poli	tical A	action Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its conne	cted organization is a
		Corporation Corporation w/o Capital Stock	abor Organization
		Membership Organization Trade Association	Cooperative
		In addition, this committee is a Lobbyist/Registrant PAC.	
(f)		This committee supports/opposes more than one Federal candidate, and is NOT a separate segre committee. (i.e., nonconnected committee)	egated fund or party
		In addition, this committee is a Lobbyist/Registrant PAC.	
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Join	t Fund	draising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	or more political
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	1		

FEC Form 1 (Revised (02/2009)	Page 3
Write or Type Committee Name		r age 3
Hawaii Republic		
•	Organization, Affiliated Committee, Joint Fundraising Representative, or I	andership DAC Spansor
-		Leadership FAC Sponsor
National Republican C	ongressional Committee	
Mailing Address	320 1st Street SE	
		20002 1939
	Washington DC 2	20003-1838
	CITY STATE	ZIP CODE
Relationship: Connected	d Organization X Affiliated Committee Joint Fundraising Representative	Leadership PAC Sponsor
. Custodian of Records: Iden books and records.	ntify by name, address (phone number optional) and position of the perso	n in possession of committee
	e L Kekuna	
Full Name	95-211 Kaoea Place	
Mailing Address		
	, Mililani	96789-1347
	William .	-
Title or Position	CITY STATE	ZIP CODE
Custodian of Records	Telephone number	
Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of the treasurer of the committee; and assistant treasurer).	I the name and address of
Full Name Mr. George	e L Kekuna	1
of Treasurer	95-211 Kaoea Place	
Mailing Address	00 211 1\auga 1 laug	
		96789-1347
Title or Position , Treasurer	CITY STATE	ZIP CODE
	Telephone number	

FEC FOR	m 1 (Revised 02/2009)	Page 4
Full Name of	Mrs Helene G Webster	
Designated Agent		
Mailing Address	4126 Keanu Street	
Mailing Address	Apt. 2	
	Honolulu	6816-5535
	CITY STATE	ZIP CODE
Title or Position Assistant Treas]
		s holds accounts rents
Banks or Other safety deposit be Name of Bank,		s, notas accounts, rents
safety deposit be	oxes or maintains funds.	
safety deposit be Name of Bank,	Depository, etc. Bank Of Hawaii PO Box 2900	, nous accounts, rents
safety deposit be	Depository, etc. Bank Of Hawaii PO Box 2900	, notes accounts, rents
safety deposit be Name of Bank,	Depository, etc. Bank Of Hawaii PO Box 2900	
safety deposit be Name of Bank,	Depository, etc. Bank Of Hawaii PO Box 2900	6846-0001
safety deposit bo Name of Bank,	Depository, etc. Bank Of Hawaii PO Box 2900	
safety deposit be Name of Bank, Mailing Address	Depository, etc. Bank Of Hawaii PO Box 2900 Honolulu CITY STATE	6846-0001
safety deposit be Name of Bank,	Depository, etc. Bank Of Hawaii PO Box 2900 Honolulu CITY STATE	6846-0001
safety deposit be Name of Bank, Mailing Address	Depository, etc. Bank Of Hawaii	6846-0001
safety deposit be Name of Bank, Mailing Address	Depository, etc. Bank Of Hawaii	6846-0001
safety deposit be Name of Bank, Mailing Address Name of Bank,	Depository, etc. Bank Of Hawaii	6846-0001
safety deposit be Name of Bank, Mailing Address Name of Bank,	Depository, etc. Bank Of Hawaii	6846-0001

FORM 1S -STATEMENT OF ORGANIZATION (Supplemental Page)

Page 5 FEC Form 1G (Revised 06/2011) List all banks or other depositories in which the committee deposits funds, holds accounts, rents Banks or Other Depositories: safety deposit boxes or maintains funds. [ADDITIONAL] Name of Bank, Depository, etc. Mailing Address CITY 🗖 ZIP CODE 🛕 STATE **△** [ADDITIONAL] Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor Republican National Committee 310 1st Street SE Mailing Address Washington DC 20003-1885 **CITY** STATE 4 ZIP CODE Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor [ADDITIONAL] **Designated Agent** Full Name Mailing Address Title or Position CITY # **STATE** ZIP CODE Telephone number [ADDITIONAL] Joint Fundraiser Participant С FEC ID number

FORM 1S -STATEMENT OF ORGANIZATION (Supplemental Page)

Page 6 FEC Form 1G (Revised 06/2011) List all banks or other depositories in which the committee deposits funds, holds accounts, rents Banks or Other Depositories: safety deposit boxes or maintains funds. [ADDITIONAL] Name of Bank, Depository, etc. Mailing Address CITY 🗖 ZIP CODE 🛕 STATE **△** [ADDITIONAL] Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor National Republican Senatorial Committee 425 2nd Street NE Mailing Address Washington DC 20002-4914 **CITY** STATE 4 ZIP CODE Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor [ADDITIONAL] **Designated Agent** Full Name Mailing Address Title or Position CITY # **STATE** ZIP CODE Telephone number [ADDITIONAL] Joint Fundraiser Participant С FEC ID number

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Page 7 FEC Form 1G (Revised 06/2011) List all banks or other depositories in which the committee deposits funds, holds accounts, rents Banks or Other Depositories: safety deposit boxes or maintains funds. [ADDITIONAL] Name of Bank, Depository, etc. Mailing Address ZIP CODE 🛕 CITY 🗖 STATE **△** [ADDITIONAL] Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor Target State Victory Fund c/o Amanda Gravitt, Treasurer Mailing Address 1609 Shoal Creek Blvd, Ste 203 78701-1022 Austin TX **CITY** STATE 4 ZIP CODE Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor [ADDITIONAL] **Designated Agent** Full Name Mailing Address Title or Position CITY # **STATE** ZIP CODE Telephone number [ADDITIONAL] Joint Fundraiser Participant С FEC ID number